

STATE OF HAWAII BASIC BUSINESS AMENDED APPLICATION

U.I. No. _____

TYPE OR PRINT LEGIBLY (Mail the completed amended application to your nearest Department of Taxation district office. See back for addresses.)

1. **ADD** to application ☐ General Excise (GE) ☐ Transient Accommodations (TA) ☐ Cigarette and Tobacco
☐ Employer's Withholding (WH) ☐ Rental Motor Vehicle & Tour Vehicle (RVST) ☐ Liquid Fuel Distributor
☐ Unemployment Insurance (UI) ☐ Liquor ☐ Liquid Fuel Retail Dealer

2. Hawaii Identification No. _____ 3. Taxpayer's/Employer's Name _____

4. Taxpayer's Social Security Number _____ 5. Spouse's Social Security Number _____ 6. Federal Employer I.D. Number (FEIN) _____

7. Physical location of business Street address _____ City _____ State _____ Zip Code + 4 _____

8. If no physical business location in Hawaii, provide the name, address, and telephone number of the individual performing services in Hawaii _____

9. TYPE OF BUSINESS ACTIVITIES: (Circle all that apply. See Instructions for Form BB-1, line 14, for description of each business activity)
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Describe fully the type of business activities you are engaged in, concentrating on your principal activity and the product/service. Include the percentage based on gross receipts if you are engaged in more than one type of activity. See Instructions for Form BB-1, line 14. _____

10. a) Did you acquire an existing business? ☐ Yes ☐ No b) Was ☐ all or ☐ part of the business acquired? c) When was it acquired? _____ MO/DAY/YR
d) Previous owner's/business' name, dba, address, GE I.D. No., and U.I. Account No. _____

11. Number of establishments or branches in Hawaii operated by this employing unit _____

12. Date business began in Hawaii _____ / _____ / _____ 13. Date employment began in Hawaii _____ / _____ / _____ 14. No. of employees on date employment began _____

15. If no employees, when do you anticipate hiring employees? _____ 16. Date first wages paid in Hawaii _____ / _____ / _____

17. License/Registration Fee, enter the appropriate information/fee based on what registration was checked on line 1, also enter the date the activity began in Hawaii:

- a. General Excise (GE) (See Instructions for Form BB-1, lines 1 and 30)Enter appropriate fee \$ _____
b. Transient Accommodations, enter begin date _____ / _____ / _____
Check only 1 ☐ \$5.00 (1-5 units) OR ☐ \$15.00 (6 or more units)Enter appropriate fee _____
c. Employer's WithholdingNo fee required -0-
d. Unemployment InsuranceNo fee required -0-
e. Rental Motor Vehicle & Tour Vehicle, enter begin date _____ / _____ / _____Enter \$20.00
f. Liquor, enter County Liquor License No. _____, effective _____ / _____ / _____
Check ☐ Manufacturer ☐ WholesalerEnter \$2.50
g. Cigarette and Tobacco, check 1 ☐ Dealer ☐ Wholesaler (see section 245-1, HRS for definitions)
_____ / _____ / _____Enter \$2.50
h. Liquid Fuel Distributor, _____ / _____ / _____ check all that apply regarding what you intend to do with of any liquid fuel
which will be sold or used within the State. ☐ Produce ☐ Refine ☐ Manufacture ☐ CompoundNo fee required -0-
Do you intend to import or cause to be imported into the State any liquid fuel and to sell the same therein? ☐ Yes ☐ No
Do you intend to import or cause to be imported into the State any liquid fuel for your own use? ☐ Yes ☐ No
Do you intend to acquire liquid fuel from a licensed distributor as a wholesaler and to sell or use the same? ☐ Yes ☐ No
i. Liquid Fuel Retail Dealer, be sure to complete line 23 _____ / _____ / _____.Enter \$5.00

TOTAL AMOUNT DUE (Add items a through i) Pay in U.S. dollars drawn on any U.S. Bank to "HAWAII STATE TAX COLLECTOR"

Attach check or money order and Form VP-1, Tax Payment Voucher.

\$ _____

CERTIFICATION: The statements contained herein are hereby certified to be correct to the best of knowledge and belief of the undersigned who is duly authorized to sign this amended application.

Continue on back of this page.

Signature of Owner, Partner or Member, Officer or Agent _____ Print Name _____ Title _____ Date _____

DO NOT WRITE IN THIS SPACE

UC-1 Prepared by _____ Date _____ MIFS _____ Industry Code _____ DCD No. _____
Office Code _____ Contributor Type _____ UC-1 Rec'd _____ Exempt _____ Exemption _____
Status Code _____ Status Date _____ Follow-Up _____ Approved By _____ Registrar _____
Business Type _____ Liable Date _____ Wage Rec Type _____ Other Remarks _____

18. Filing period for:

- (a) General Excise Tax ☐ Monthly..... ☐ Quarterly..... ☐ Semiannually
 (b) Transient Accommodations Tax..... ☐ Monthly..... ☐ Quarterly..... ☐ Semiannually
 (c) Rental Motor Vehicle and Tour Vehicle Surcharge Tax ☐ Monthly..... ☐ Quarterly..... ☐ Semiannually

For items (a), (b), and (c): Check monthly if you expect to pay more than \$4,000 a year of taxes in the respective taxes;
 Check quarterly if you expect to pay \$4,000 or less a year in the respective taxes; or
 Check semiannually if you expect to pay \$2,000 or less a year in the respective taxes.

- (d) Employer's Withholding Tax..... ☐ Monthly..... ☐ Quarterly
 Check monthly if you expect to pay more than \$5,000 a year in withholding taxes; or
 Check quarterly if you expect to pay \$5,000 or less a year in withholding taxes
 (e) Unemployment Insurance Contributions ☐ Quarterly (This must be filed on a quarterly basis)
 (f) Liquor Tax ☐ Monthly (This must be filed on a monthly basis)
 (g) Cigarette and Tobacco Taxes ☐ Monthly (This must be filed on a monthly basis)
 (h) Liquid Fuel Taxes ☐ Monthly (This must be filed on a monthly basis)

- 19. Accounting period, check only 1** ☐ Calendar Year (The 12-month period from January 1 to December 31.)
☐ Fiscal Year ending ____ / ____ (A 12-month period ending the last day of any month other than December.)

- 20. Accounting method, check only 1** ☐ Cash (Report income in the period when it was actually or constructively received.)
☐ Accrual (Report income when you earn it, whether or not you actually receive it.)

- 21. Do you qualify for a disability exemption?** ☐ Yes ☐ No If yes, Form N-172 must be completed and submitted before the \$2,000 exemption of gross income of any blind, deaf, or totally disabled person and rate of 1/2 of 1% on the remaining gross income can be allowed.

- 22. (a)** List by island the address(es) of your rental real property (e.g., land, building, apartments, condominiums, or hotels or other transient lodging).
(b) List by island the address(es) of your rental motor vehicle and/or tour vehicle business locations.
(c) If a transient accommodation (TA) or a rental motor vehicle or tour vehicle (RV) business location, place a check mark in the appropriate column on the right.
(d) Attach a separate sheet of paper for additional listings.

	Check	Check
ADDRESSES	if TA	if RV

- 23. For the Liquid Fuel Retail Dealer's Permit, list separately each branch or place of business (Attach a separate sheet of paper if more space is required)**
- | | |
|----------------|--------|
| Street Address | Island |
|----------------|--------|

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|--|---|
| 24. Parent Corporation's FEIN: ____ - ____ | 25. Parent Corporation's G.E. ID. No.: ____ |
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MAILING ADDRESSES & TELEPHONE NUMBERS

Department of Taxation

OAHU DISTRICT OFFICE P.O. Box 1425 Honolulu, HI 96806-1425 Telephone: (808) 587-4242 Toll Free: 1-800-222-3229	MAUI DISTRICT OFFICE P.O. Box 1427 Wailuku, HI 96793-6427 Telephone: 1-800-222-3229	HAWAII DISTRICT OFFICE P.O. Box 937 Hilo, HI 96721-0937 Telephone: 1-800-222-3229	KAUAI DISTRICT OFFICE P.O. Box 1687 Lihue, HI 96766-5687 Telephone: 1-800-222-3229
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**Department of Labor and Industrial Relations
Unemployment Insurance Division**

OAHU & MAINLAND 830 Punchbowl St., #437 Honolulu, HI 96813 Telephone: (808) 586-8913 (808) 586-8914	MAUI 54 S. High St., #201 Wailuku, HI 96793 Telephone: (808) 984-8410	HAWAII 777 Kilauea Ave., #122 Hilo, HI 96720 Telephone: (808) 974-4086	KAUAI 3100 Kuhio Hwy C12 Lihue, HI 96766 Telephone: (808) 274-3025
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Type	Number	Date Issued	Effective FYE
Liquor Tax Permit			
Cigarette Tax and Tobacco Tax License			
Liquid Fuel Distributor's License			
Liquid Fuel Retail Dealer's Permit			